

Report to the Illinois Assembly on the Uninsured

Dianne Rucinski, Ph.D.

Health Research and Policy Centers

University of Illinois, Chicago

July 10, 2001

Data Collection for Policy Consideration

- a new population survey of the uninsured conducted by Health Research and Policy Centers at the School of Public Health, University of Illinois at Chicago;
- additional analysis of existing data sources conducted by the Health Research and Policy Centers at the School of Public Health, University of Illinois at Chicago;
- expansion of the Behavioral Risk Factor Surveillance Survey conducted by the Illinois Department of Public Health;
- focus groups, key informant interviews, and a literature search conducted by the Southern Illinois University at Carbondale, and;
- review of actions taken by other states conducted by State Planning Grant Office.

Why multiple data sources?

- No single number or source is perfect
 - A range of estimates is more realistic for policy and planning discussions
 - The “Uninsured” is a dynamic population
- Multiple methods increase our confidence when we do find a significant relationship
 - Decrease the chances that a result is due to an artifact of measurement

Review of Data Sources

- 1998-1999 Population Survey of Low-Income Families
- 2001 Population Survey of Uninsured and Newly Uninsured

Population Survey of Low-Income Families

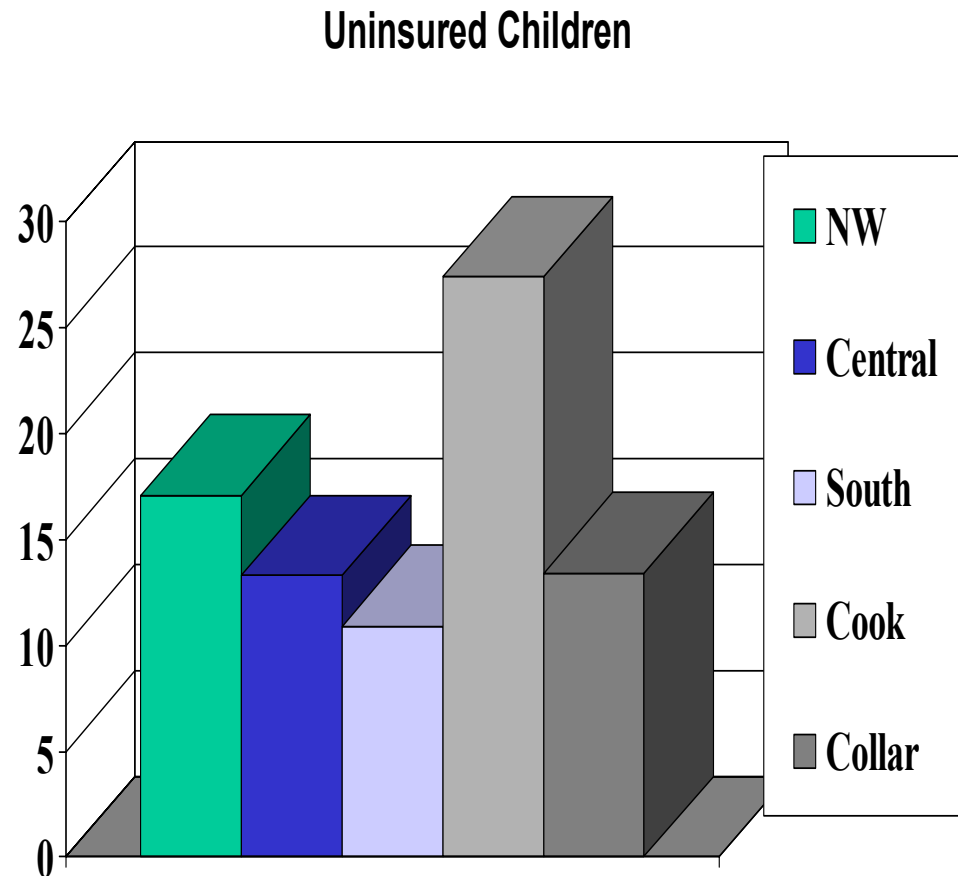
- Purpose of survey to determine the number of children who would be eligible for S-CHIP
- Survey of families with children
- Adjusted family income at or below 250% Federal Poverty Guideline (1998)
- Funded by the Illinois Department of Public Aid

Uninsured Children

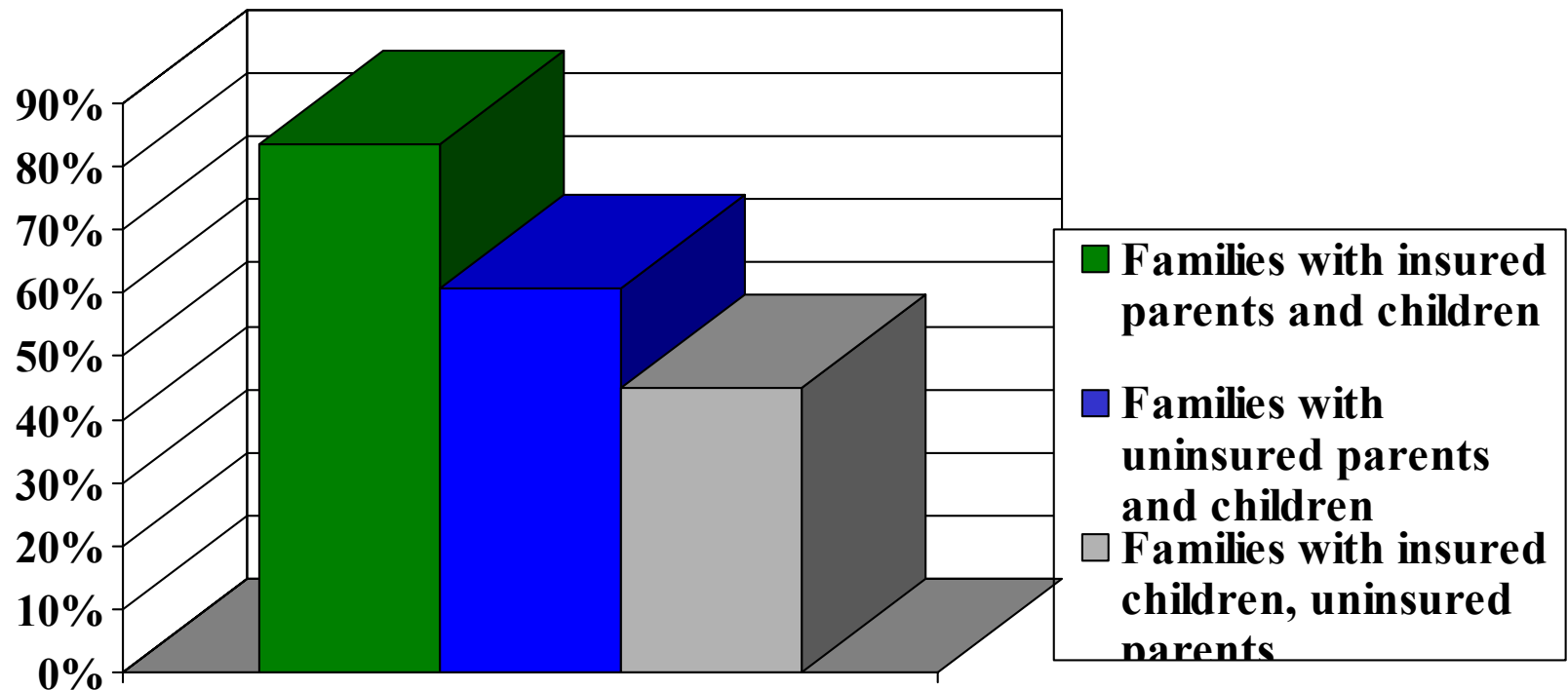
- In 1998-1999, an 18.2% of children in families with income at or below 250% of the FPL were uninsured

Most uninsured children in Cook

- A disproportionate number of uninsured children live in Cook County
- Southern Illinois has the smallest percentage of uninsured children



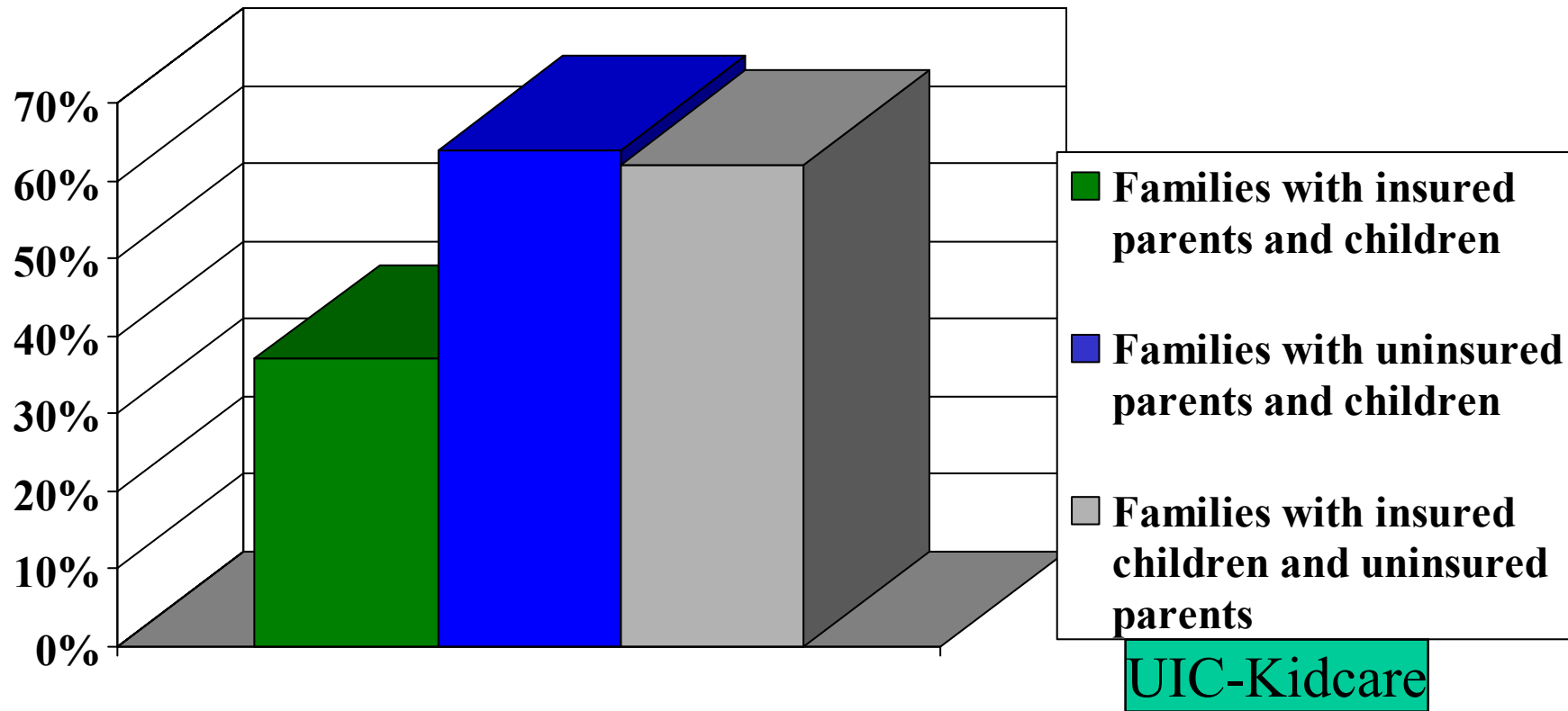
Both families with insured and uninsured children are working families



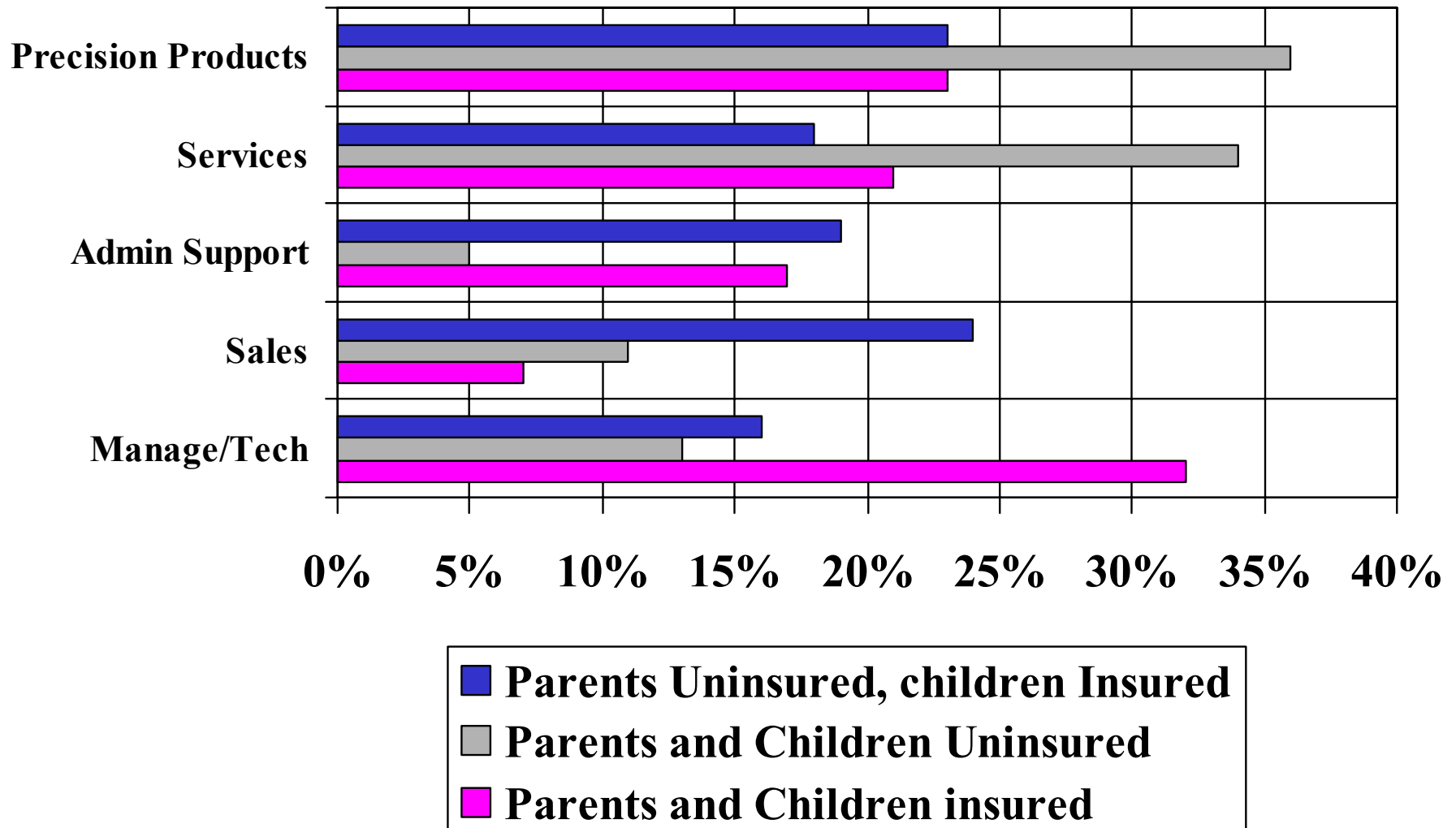
Percent of families with at least one working adult

UIC-Kidcare

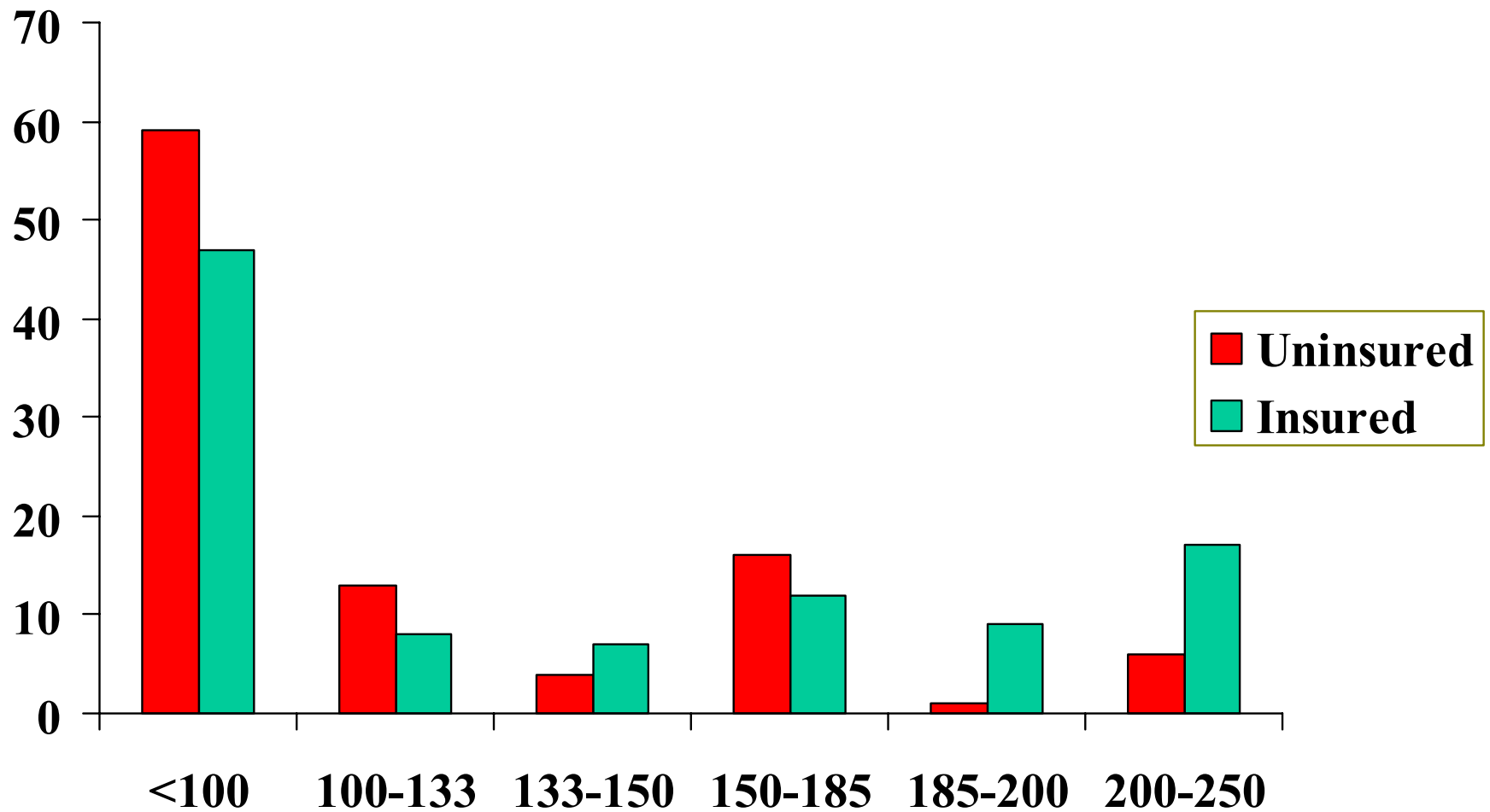
Uninsured parents with uninsured children and
uninsured parents with insured children are
twice as likely to work in firms employing less
than 50 people



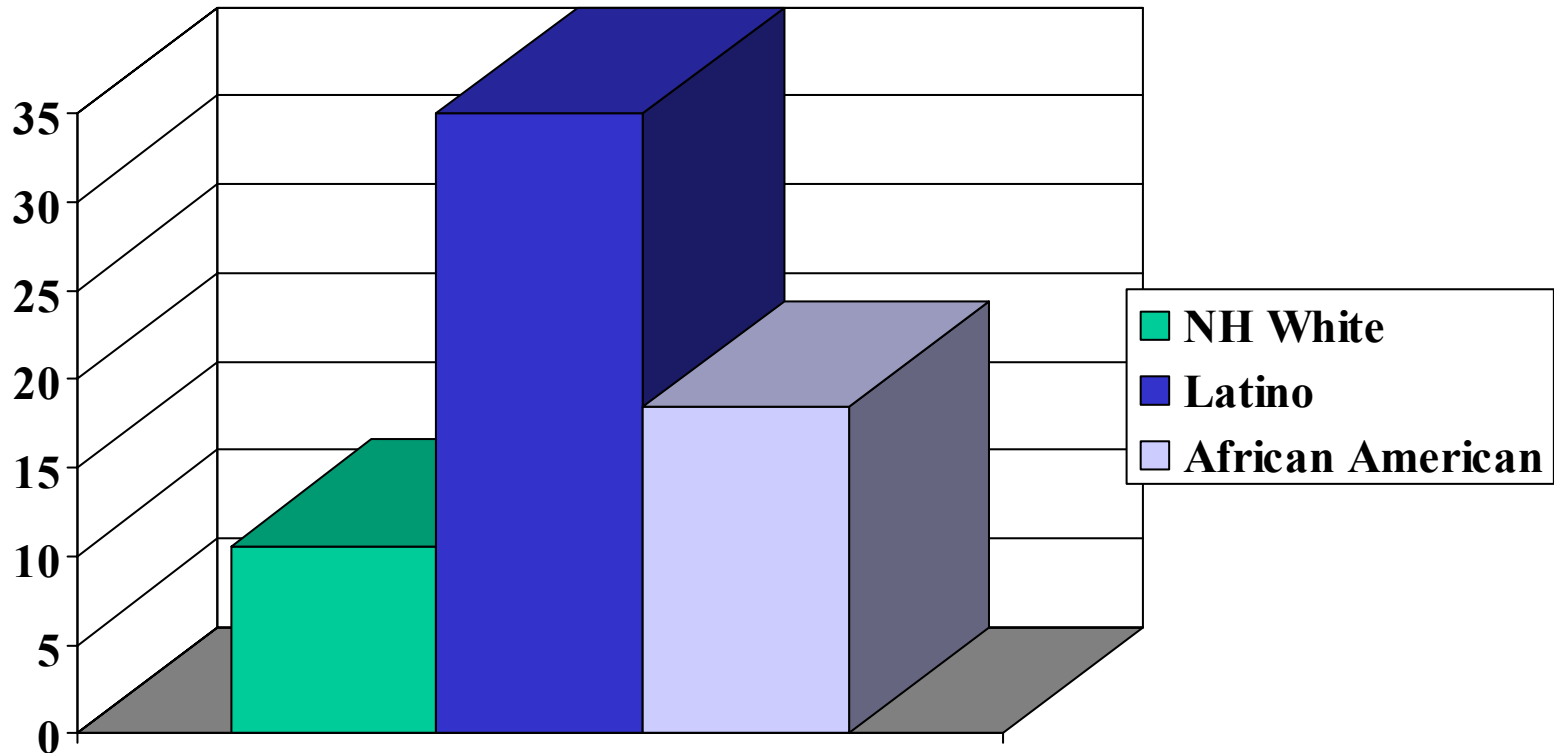
Uninsured Families most likely to work in precision products and services, less likely to work in sales and management and technical jobs



Income of Low-Income Families with Uninsured Parents and/or Children is lower than Insured Families (Income Adjusted-Federal Poverty Guidelines 1998)

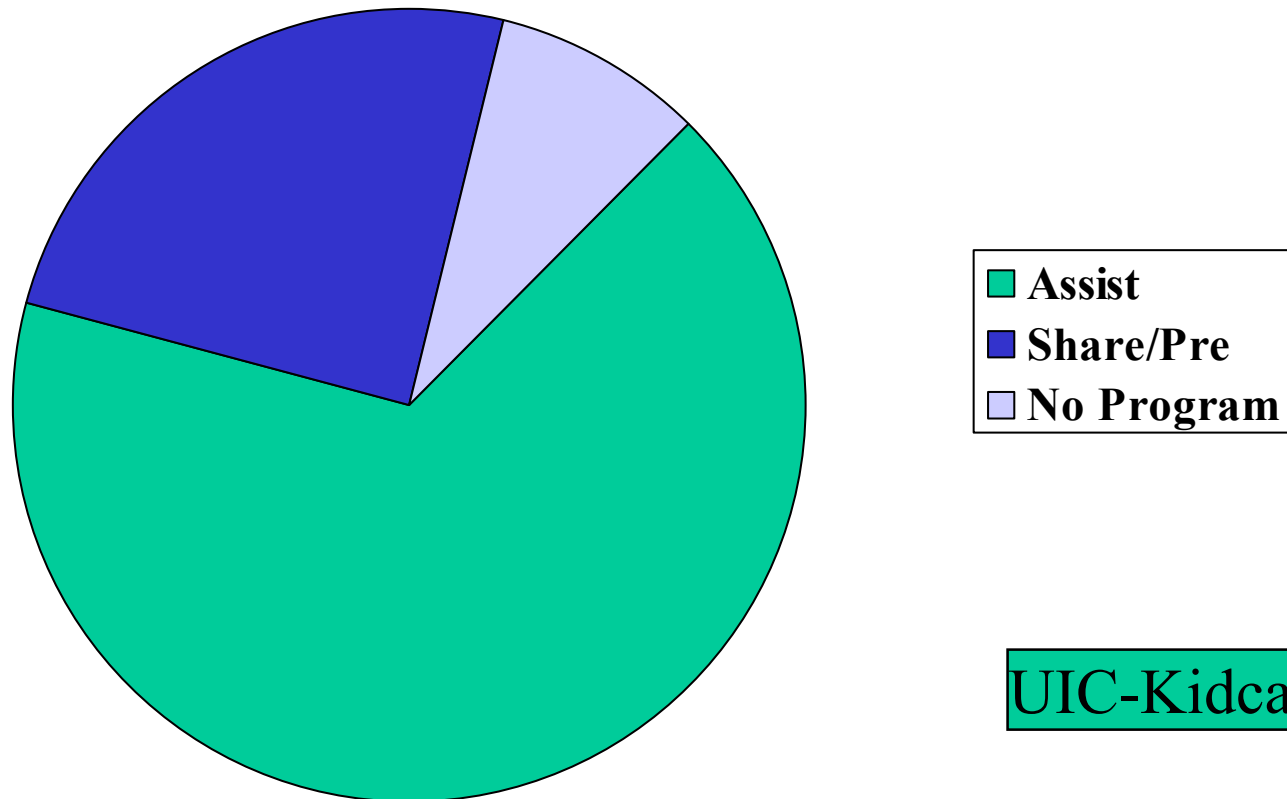


Latino Children least likely to have health insurance



UIC-Kidcare

Many Uninsured Children are Eligible for KidCare Assist [Medicaid] or Share or Premium



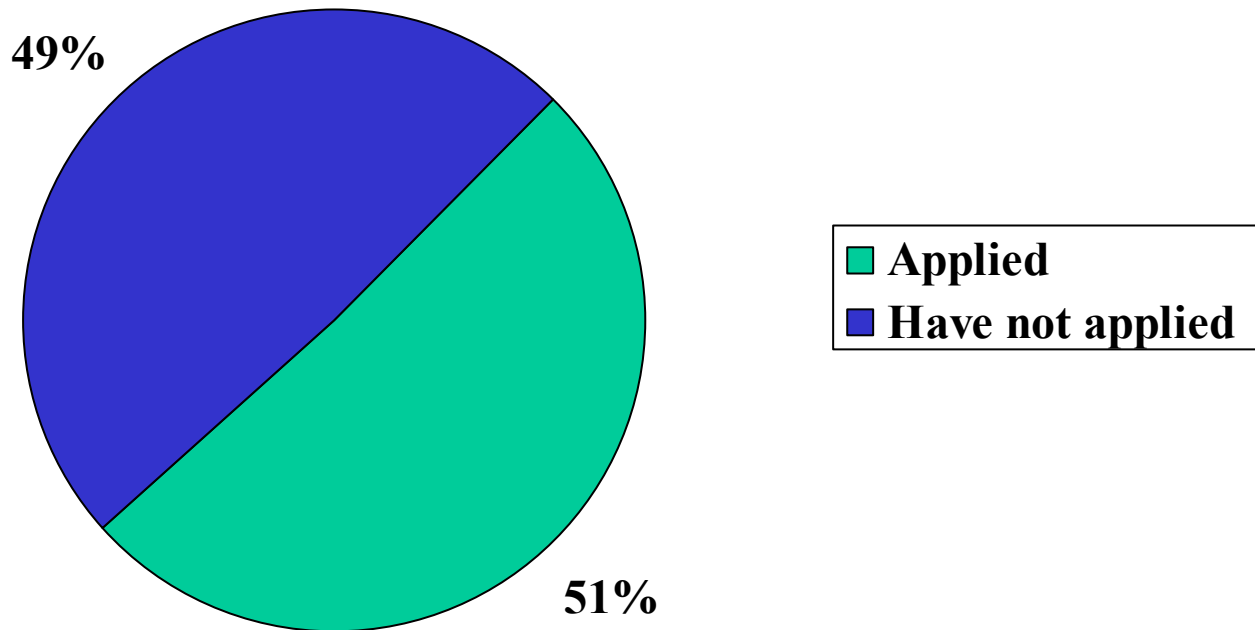
I haven't applied for Medicaid because ...

- I can't get to the office when it is open.
- I am too busy and don't have enough time
- the application process takes too long
- I don't think the doctor/clinic will accept Public Assistance/the green card
- I don't like taking public assistance
- Are there any other reasons why you haven't applied for Medicaid?

“I don’t use Medicaid because...

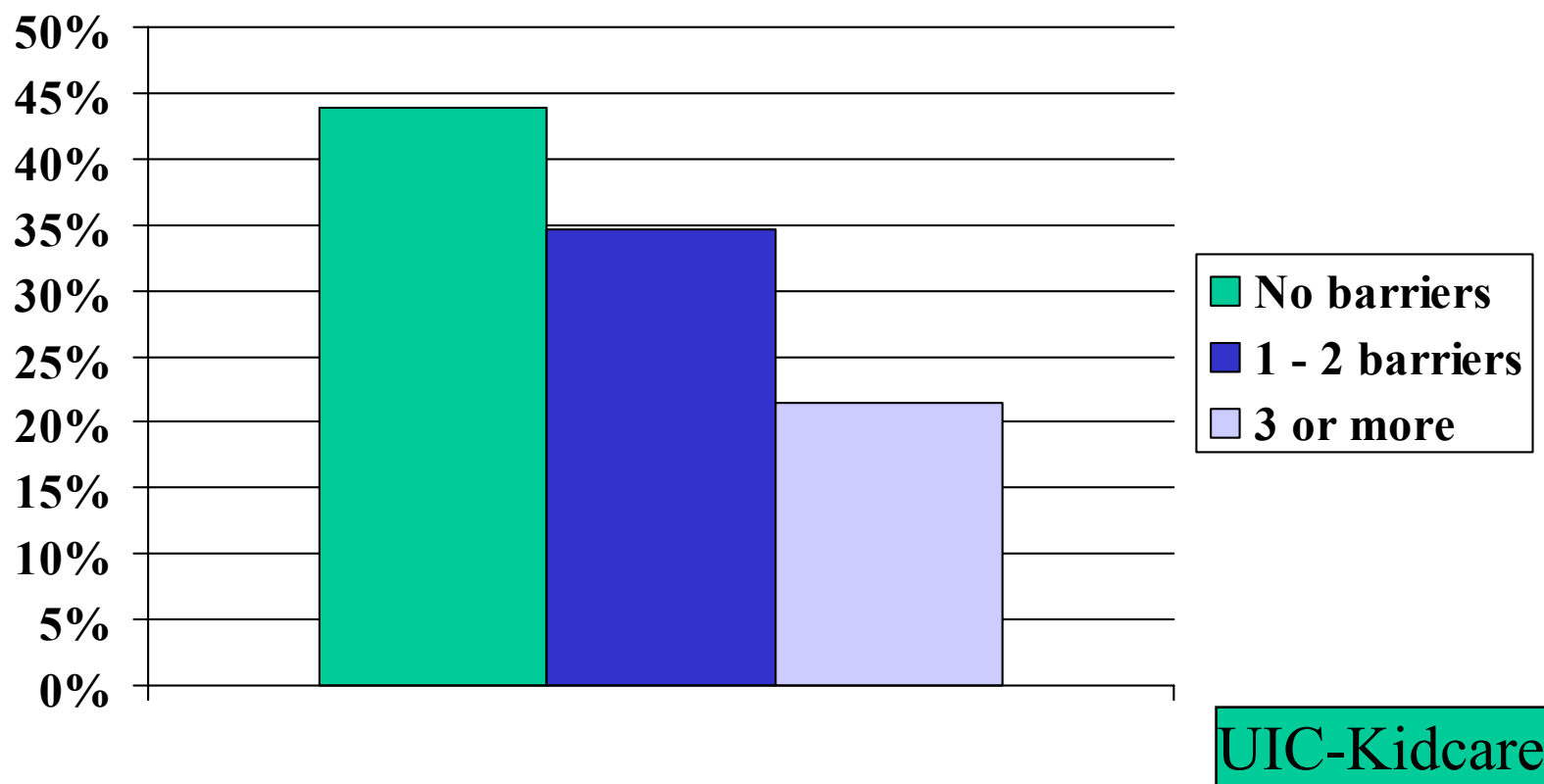
- my (child/children) are no longer eligible for Medicaid
- I can’t get to the provider’s office
- I feel unsafe getting to the provider’s office
- I can’t get appointments scheduled soon enough
- I can’t find a Medicaid doctor or clinic
- my current doctor won’t take Medicaid
- other reasons?

Slightly half of families with eligible children had applied

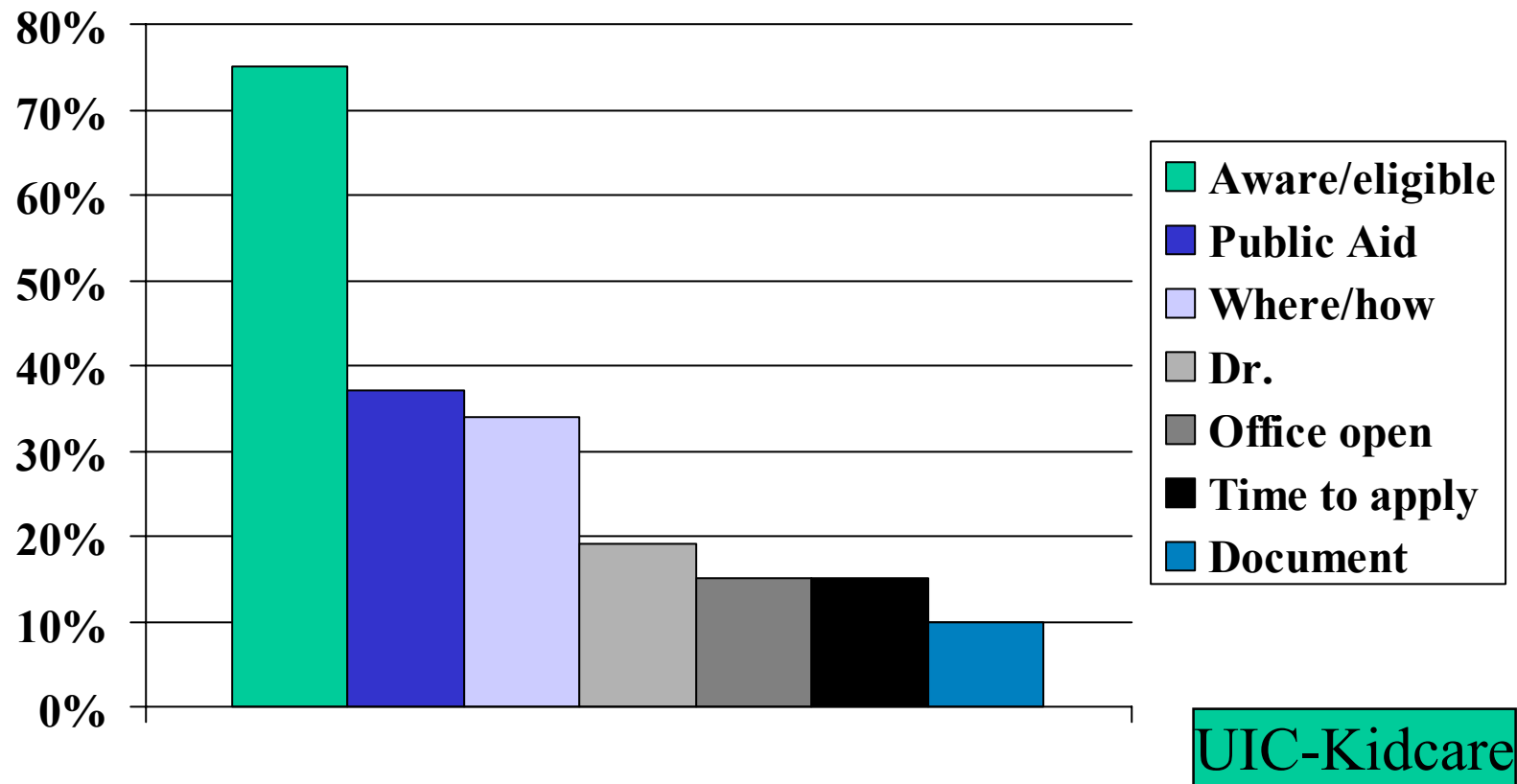


UIC-Kidcare

More than half of the families reported significant barriers



Program awareness was the most prevalent barrier



Barriers to KidCare Assist/Medicaid

- Salient barriers to enrollment affect 56% of families with Medicaid eligible children
- Lack of awareness/knowledge of medical assistance programs is the biggest barrier to enrollment

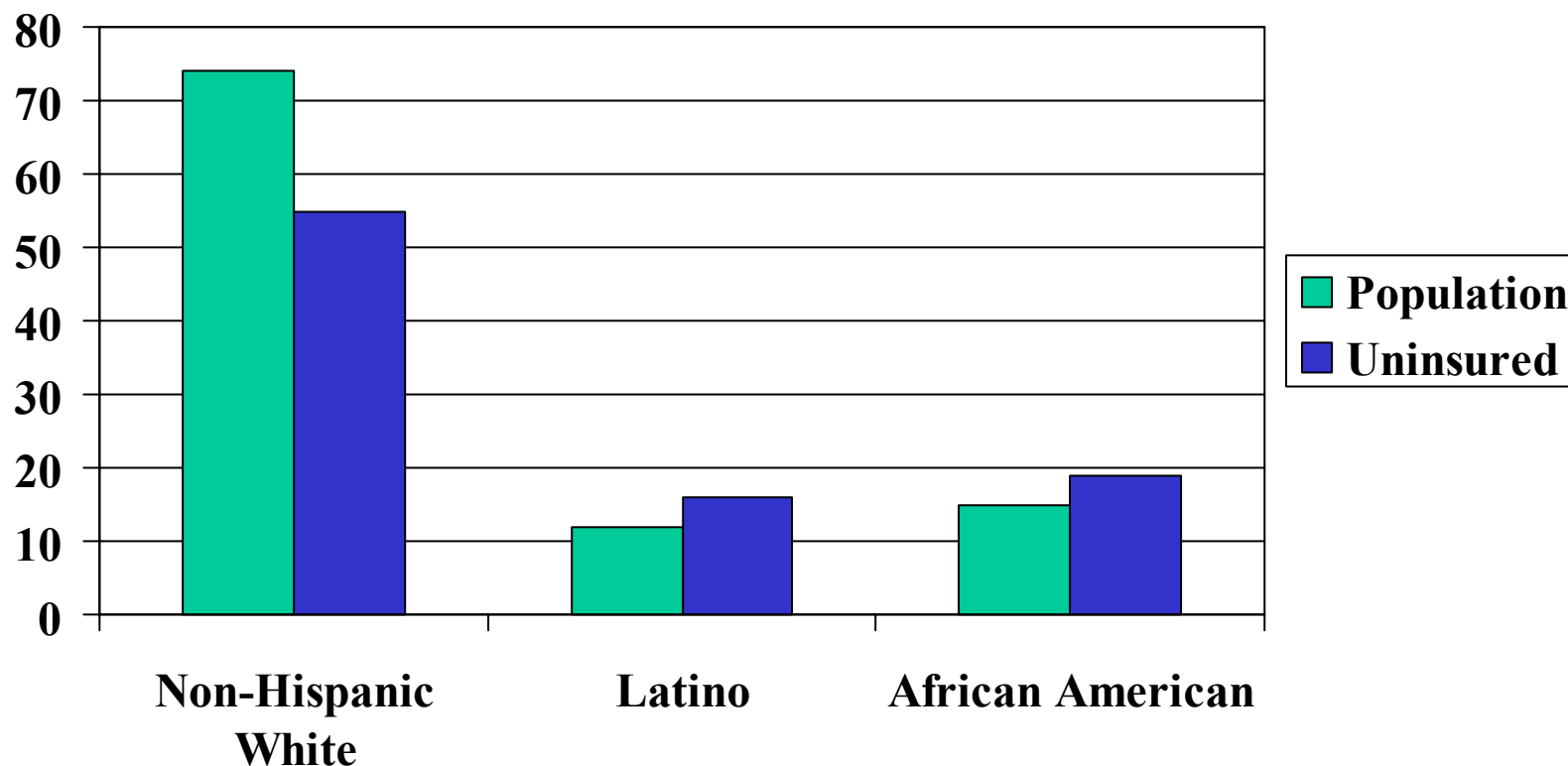
Population Survey of Uninsured and Newly Insured

- Purpose of survey to get a more in-depth picture of uninsured and newly insured in Illinois in 2001
- RDD Survey
- Screened for people without health insurance coverage and people who had been without coverage within the last six months
- Funded by HRSA through planning grant

Methodology-Sample Disposition

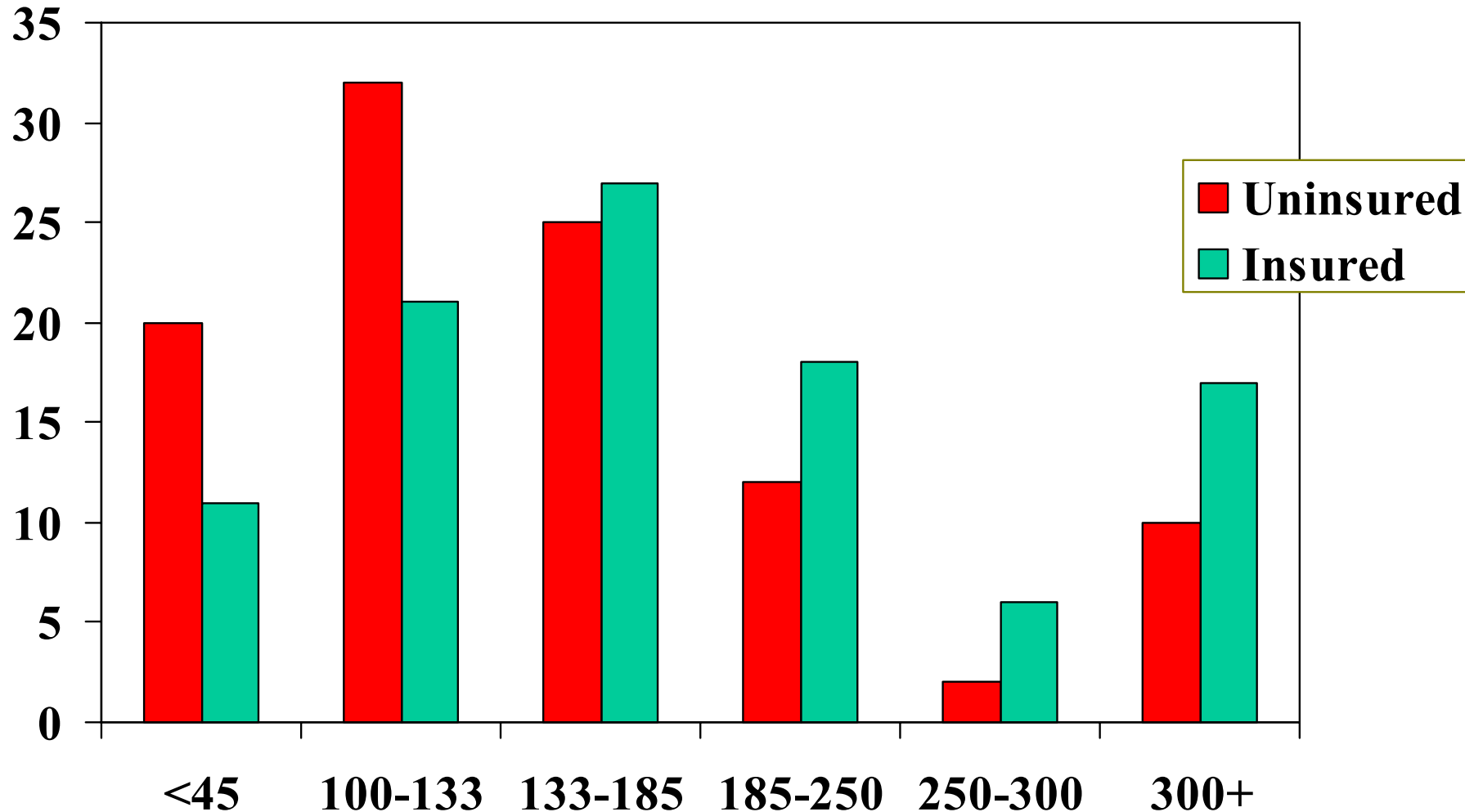
- 25,735 calls made over a five month period
- Response rate = 51.9%
- Estimated eligibility - 8.9% - 15.7%
 - 8.9% assuming noncontacts were insured and not newly insured
 - 15.7% assuming noncontacts were proportionately newly insured and uninsured.
- Estimated uninsured rate = about 9.7%

Latinos and African Americans disproportionately uninsured

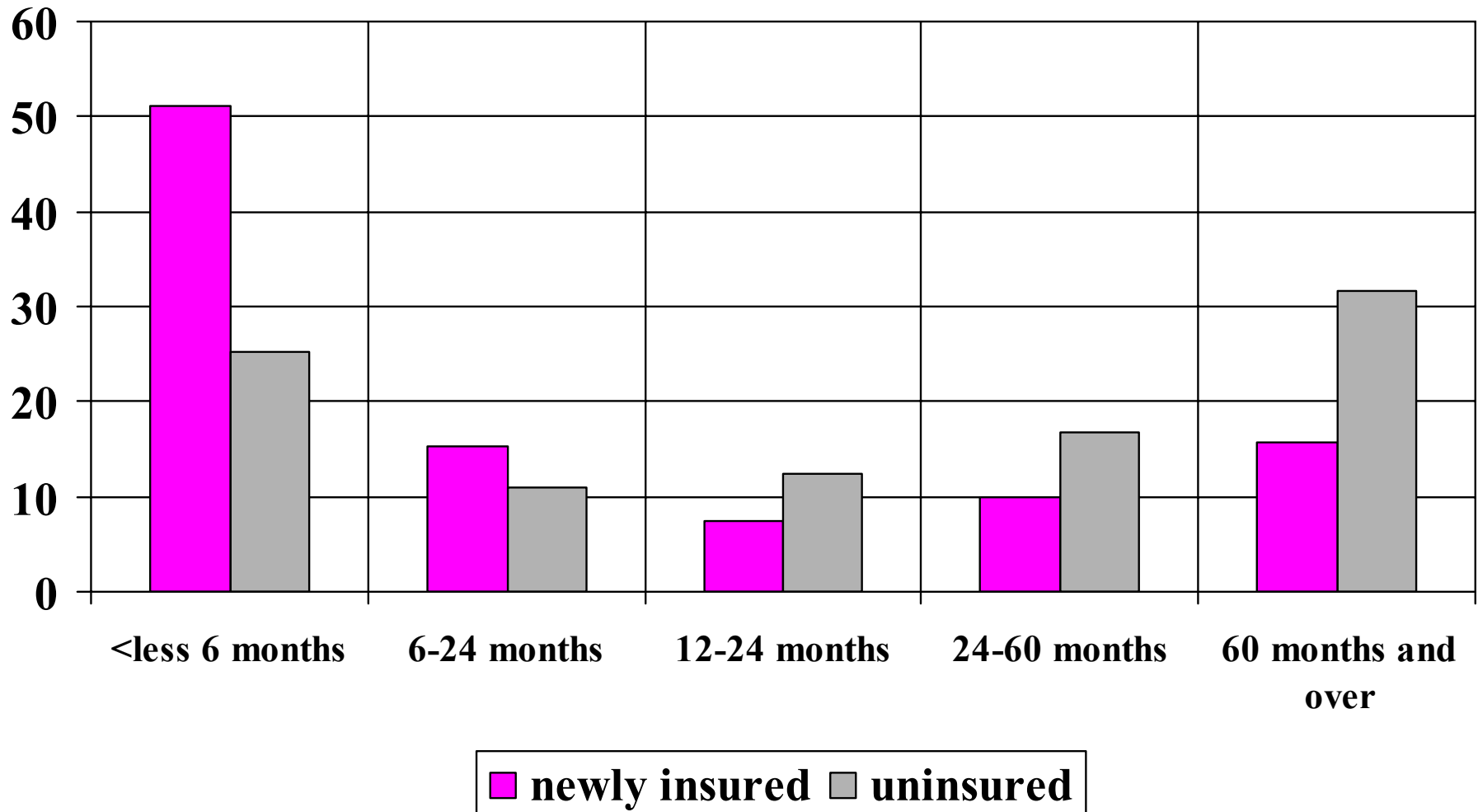


Uninsured people tend to have lower incomes than newly insured people

(Unadjusted-Federal Poverty Guidelines 2000)



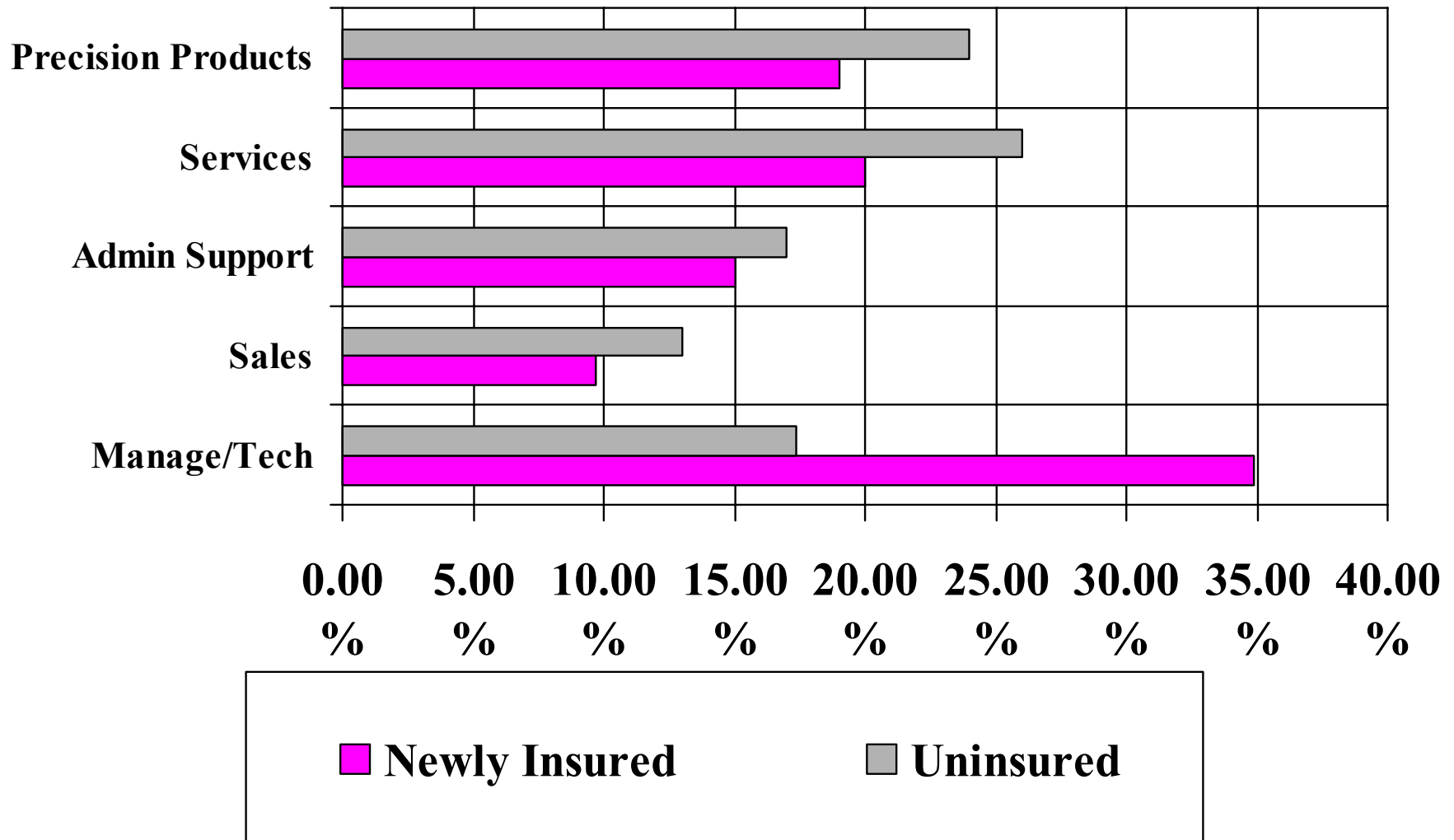
Newly insured were less likely to be without coverage for longer periods of time



Employment Status



Uninsured people most likely to work in precision products and services, less likely to work in sales and management and technical jobs



Availability of Employment-Based Health Insurance

- About 44% of uninsured workers reported that health insurance was available to people working at the same level or position
- Of that 44% who do not have coverage available to workers in the same level or position, 65% report that health insurance is not available to workers at other levels or positions.
- About one-third of the uninsured workers were working for employers who did not offer insurance to anyone

Reason for declining employment-based plan

Can't afford/cost and value	55%
Haven't worked long enough	26%
No quality plans	19%
Can't use regular doctor	16%
Can't find good doctor	14%
Doesn't need insurance	13%
Pre-existing condition	5%

Just over 10% of uninsured had applied for health insurance directly to insurance company

- Of that group, only 22% were able to get coverage.
- Most no longer had coverage because the premiums were too high or because they had a pre-existing condition
- None of the respondents dropped the direct purchase policy because they were able to get other coverage

What would people pay for
individual coverage?

What would people pay for individual coverage?

Individual

Family

\$100

\$250

\$150

\$300

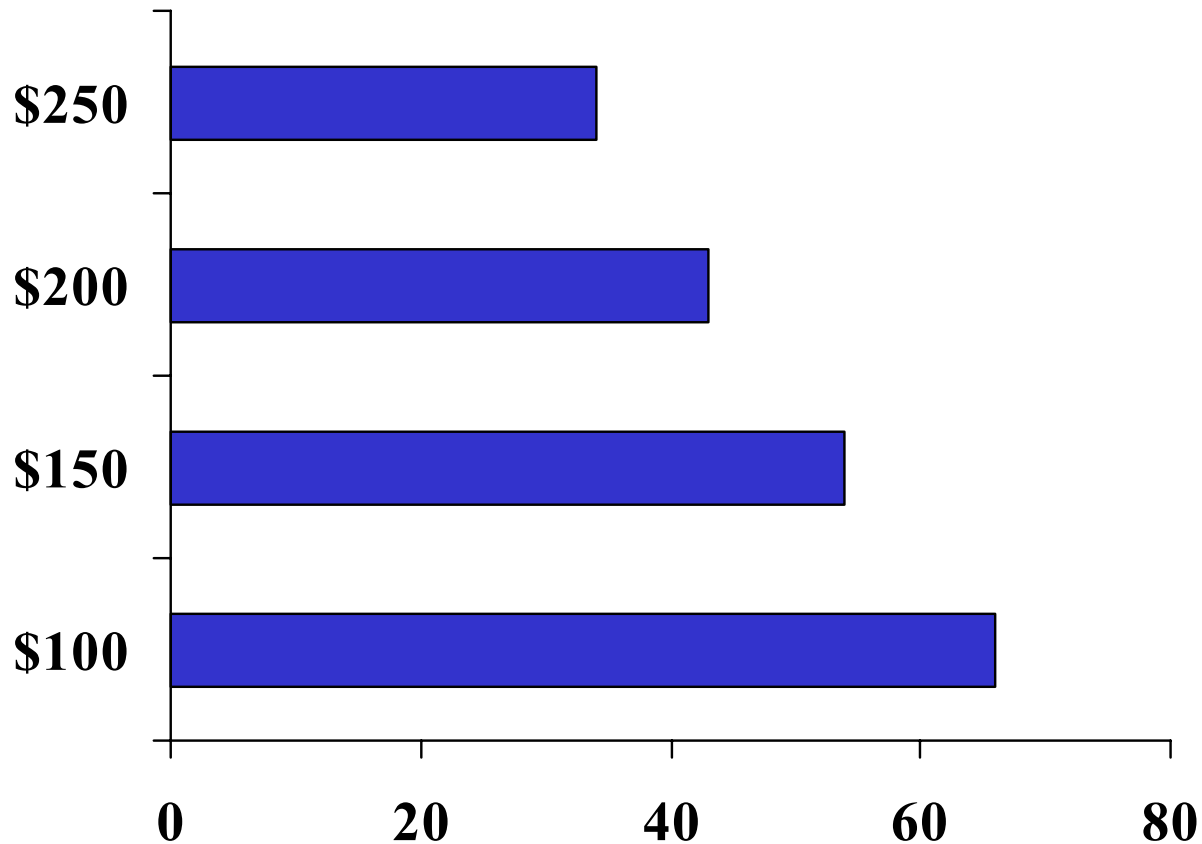
\$200

\$350

\$250

\$400

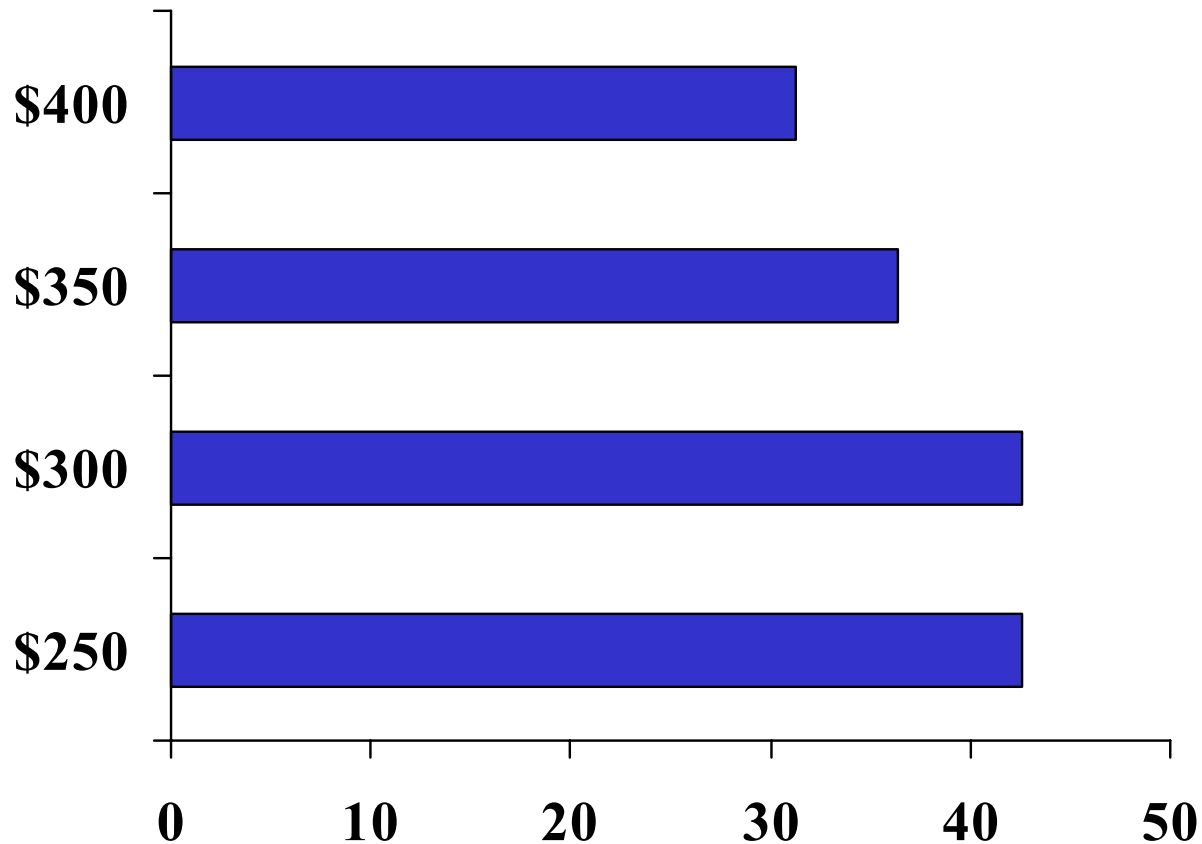
What would people pay for individual coverage?



What would people pay for
individual coverage?

About \$77.50 a month-- median
(\$93 mean)

What would people pay for family coverage?



What would people pay for
family coverage?

About \$100 a month-- median
(\$131 mean)

I-CHIP Awareness

About 11% of uninsured had heard or
read about I-CHIP

Reasons for not using I-CHIP

Don't think I am eligible	29%
Can't afford premium	26%
Coverage not sufficient	12%

Kidcare Awareness

About 38% of uninsured parents with uninsured children reported they had heard or read about Kidcare

Barriers to enrollment

- Awareness - only 38% of parents with eligible children reported having read or heard something about Kidcare
- Wanting Kidcare but told they would have to enroll children in Medicaid - 45%
- Don't know where to apply - 43%
- Don't have necessary documents - 30%

Preliminary Conclusions

- Increasing access through employment-based plans has the potential to help some of the uninsured
- A substantial minority (about 33-44%) of working uninsured people DO NOT have access through employment
- Cost remains a significant impediment to joining employer's plan

Preliminary Conclusions

- Very similar to the dynamic we have seen with welfare reform, the newly insured were most likely to have been uninsured for a shorter period of time.
- While both groups are relatively low-income, the uninsured are poorer than the insured.

Preliminary Conclusions

- Less than half of those asked would pay \$200 for an individual policy--\$2400/year
- \$77 (median) \$93 (mean) a month was what people thought they would pay
- Less than half would pay \$350 and about a third would pay \$400 for family coverage -- the low end of what family coverage would cost.
- \$100 (median) \$130 (mean) a month was what people thought they would pay

Preliminary Conclusions

- “Lifestyle choice” does not appear to play a significant role in decisions to decline coverage.
- Awareness of and participation in public programs remains a very serious challenge